

Department of Children & Family Services
Emergency Preparedness – Disaster Operations

EMERGENCY DUTY EXEMPTION REQUEST

Section I: For Completion by DCFS Employee Requesting Exemption

Employee Name

Job Title

DCFS Division/Section

Section II: For Completion by Physician/Treating Professional

Your patient is an employee of the Department of Children & Family Services (DCFS), State of Louisiana, and may be called upon to perform emergency support functions including but not limited to mass care, housing, and human services. Breaks and meal periods are permitted. **Note: These duties are outside the scope of, and exemption does not apply to, his/her normal duties.** Please indicate if your patient is able to perform duties as follows:

Description of Duty

Is the employee able to perform this duty?

Moderate physical duties/demands (such as: emptying trash cans, cleaning/mopping, folding linens, setting up cots, and/or issuing blankets/pillows)

☐ Yes

☐ No – through _____ (date)
☐ Patient's condition is likely to be permanent.

Heavy physical duties/demands (such as: loading/unloading trucks, carrying boxes of food, etc.)

☐ Yes

☐ No – through _____ (date)
☐ Patient's condition is likely to be permanent.

Can the employee work a 12-hour shift?

☐ Yes

☐ No – through _____ (date)
☐ Patient's condition is likely to be permanent.

Can the employee be exposed to poor environmental conditions such as heat, poor lighting, working outdoors, etc.?

☐ Yes

☐ No – through _____ (date)
☐ Patient's condition is likely to be permanent.

Can the employee be exposed to large crowds and/or stressful situations resulting from an emergency or disaster without significant health risk to himself/herself?

☐ Yes

☐ No – through _____ (date)
☐ Patient's condition is likely to be permanent.

Special Comments:

Physician's Signature:

Type of Practice:

Address:

Date

Telephone Number